10 SEP 14 PM 12: 16

# UNITED STATES BANKRUPTCY COURT CLERK, U.S. BANKRUPTCY CT. EASTERN DISTRICT OF CALIFORNIA EASTERN DISTRICT OF CALIFORNIA

				SAURAMENTO, CA.			
ln	Re: FEAT	HER RIVER INDUS	TRIES, INC.	Case Number: 01-23733 тн			
			Debtor(s).	APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS			
١.	On May 6	, 2010	[dates], a check in the amount of \$ <sup>81</sup>	11.82 belonging to FRWG-Las Vegas			
•.				original creditor/claimant]] was tendered to the Clerk of the			
2.	The fund	ds so tendere	d were deposited with the United States Treasury b	y the Clerk and remain unclaimed.			
3.		Applicant alleges that the following person or entity is the owner of the funds described in paragraph 1 [provide name, address a telephone number]: FEATHER RIVER CO., LLC					
	totopiloi	io namborj.	5188 Palmyra Ave.	***************************************			
			Las Vegas, NV 89146	·			
		•	1 702 \ 327-8910				
			(702 ) 327-8910	Appendix and the second			
Add			n, used by Trustee, has street name incorrectly spelled. "7898 Blue Venus"	should be 7898 Blue Venice." Also, that address was changed several years ago.			
<b></b> -5.		•	·	sted funds, has made sufficient inquiry and has no knowledge			
		other party n ement(s) that		egarding, the funds at issue based upon the following [check			
	<b>✓</b> a.	The alleged		1 and the owner of the funds appearing on the records of this			
	□ b.		owner is the assignee of the creditor/claimant na by the attached documents.	amed in paragraph 1, or the assignee's representative, as			
	c.		•	aimant named in paragraph 1, or the successor-in-interest			
		representati	ve, as evidenced by the attached documents estab	lishing chain of ownership.			
	☐ d.	-	l owner is the estate of the deceased creditor/clain pies of death certificate and other appropriate proba	mant named in paragraph 1, as evidenced by the attached the documents.			
	<b>_</b> е.	-	•	ced by the attached documents, the alleged owner is:			
		·····					

In Re: FEATHER RIVER INDUSTRIES, INC.			CASE NUMBER: 01-23733 TH		
i. Appli	cant is <i>[check the statemen</i>	nt that applies]:			
☐ a ☐ b ☐ c ☑ d ☐ e	A duly authorized corporalleged owner of the full.     The representative of the which substantiates ap     The attorney in fact for the this application on behavior.	orate officer (if a corporation) nds. Attach the appropriate I are estate of a deceased allege plicant's right to act on behalf the alleged owner of the funds all of the alleged owner.	ate Identification Form for Unclaimed Funds.  or a general partner (if a partnership) and is the representative of the Identification Form for Unclaimed Funds.  ed owner of the funds. Attached certified copies of probate documents of the decedent's estate.  authorized by the attached notarized, original Power of Attorney to file of the funds with authority to receive such funds, as evidenced by the		
if I ha	ave knowingly and fraudule	ntly made any false statemer	d not more than \$5,000, or imprisoned not more than five years, or both hts in this document or accompanying supporting documents. I furthe rt will be turned over to the U.S. Attorney for possible prosecution.		
3. A co	py of this completed applica	ation (with all supporting docu	mentation) was mailed to the following on (date): 8-28-10		
(US)	Attorney)	(Owner of the funds)	(Other)		
Unite	ed States Attorney	FEATHER RIVER CO., LLC			
	Street, 9th Floor	5188 Palmyra Ave.			
	amento, CA 95814	Las Vegas, NV 89146			
WHE	EREFORE, applicant prays t	for an order directing the Clerk	of the above-entitled Court to pay said tendered money to the applicant		
statemen	clare (or certify, or verify, o ts and information are true		ury under the laws of the United States of America, that the foregoing		
			AL MELONE, for ASSET RECOVERY TRUST		
			Applicant's Name Typed or Printed		
			P.O. BOX 4296		
			Applicant's Address		
			COSTA MESA, CA 92628		
			(714 ) 546-8100		
			Applicant's Telephone Number		

In Re: FEATHER RIVER INDUSTRIES, INC.	CASE NUMBER: 01-23733 TH
CAI FFOR NIVA	COUNTY OF ORANGE
STATE OF CALIFORNIA	_, COUNTY OF
on AU405T 29, 2010	before me, personally appeared (insert name and title of signer
AL MALONE AL MELONE	personally known to me (or proved to me or
that he spelthey executed the same in his he/the/r authorized	ame(stissare subscribed to the written instrument and acknowledged to me d capacity(ies), and that by higher/their signature(s) on the instrument the ed, executed the instrument. WITNESS my hand and official seal.
GEORGE PETERSON Commission # 1811829	Male Tiblia
Notary Public - California Orange County	Notary Public
My Comm. Expires Sep 26, 2012	My commission expires on 9/26/12
	•
	•
	·
for the form	COURT USE ONLY
File and documents reviewed by Janea UMA	enc on 9-14-10
I have carefully reviewed this application and all supporting doc	uments and recommend to the Court that this application be approved.
Marin Conjuni	9-14-10
Financial Administrator, U.S. Bankruptcy Court	Date

### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA

IN RE: FEATHER RIVER INDUSTRIES, INC.	<b>)</b>
	CASE NO: 01-23733 TH
	) CORPORATION/BUSINESS IDENTIFICATION ) FORM FOR UNCLAIMED FUNDS
DEBTOR(S	<u>s).</u>
I, E. LYLE GREGORY	, hereby state that I am the SOLE MANAGING MEMBER (Title)
of FEATHER RIVER CO., LLC	(Business Name), and I am authorized to request payment of
unclaimed funds.	
Current Telephone No.	(702) 327-8910
Tax Identification No.	88-0423537
Previous Mailing Address	7898 Blue Venice Ct.
	Las Vegas, NV 89117
<b>Current Mailing Address</b>	5188 Palmyra Ave.
	Las Vegas, NV 89146
Dated:	
(SEAL*)	Signature
documentation should be a corporate power of attorn	ocumentation which indicates that the person signing is authorized to do so. This ney signed by the CEO of the company (or other corporate officer) and a statement of station, as well as documents establishing the chain of ownership of the original
STATE OF NEVADA	COUNTY OF CLARK
on 20th Day of AUGUST .	
	personally known to
me (or proved to me on the basis of satisfactory	evidence) to be the person(s) whose name(s) is/are subscribed to the written
• •	e/they executed the same in his/her/their authorized capacity(ies), and that by
_	person(s), or the entity upon behalf of which the person(s) acted, executed the
instrument. WITNESS my hand and official se	
TOWNY NOOD INCOME. OF THE PARTY	Notary Public  My commission expires on 02-14-14
	lentification portion of this form and submit together with an Application for Payment of Unclaimed

is (EDC 3-950) and supporting documentation to:

Financial Administrator United States Bankruptcy Court Eastern District of California 501 I Street, Suite 3-200 Sacramento, CA 95814

EDC 3:952 (New 11/01)

## LIMITED POWER OF ATTORNEY/

I do hereby grant to ASSET RECOVERY TRUST, my sole true and lawful attorney-in-fact for me and in my name, place and stead, giving unto my attorney-in-fact full power to do and perform, on an exclusive basis, all and every act not constituting the practice of law that I may legally do through an attorney-in-fact, for the following limited purpose and for no other:

To reclaim, recover, and return unclaimed funds in the amount of \$8,111.82 only, less agreed upon fee, to the signatory below.

I do hereby grant my attorney-in-fact every power necessary to carry out the limited purposes for which this limited power of attorney is granted, on an exclusive basis.

This Limited Power of Attorney revokes all previous powers of attorney granted for the purpose of obtaining dividends from this specific bankruptcy case.

I do hereby declare that FEATHER RIVER CO., LLC, fka FEATHER RIVER WOOD & GLASS STORES, LLC, aka FRWG - Las Vegas, (the latter name designated by our franchisor, the debtor) is a rightful creditor of case 01-23733 TH, Feather River Industries, Inc. and a sole member Nevada limited liablility company, that we moved from 7898 Blue Venice Ct., Las Vegas, NV 89146, that we are presently located at 5188 Palmyra Ave., Las Vegas, NV 89146, that our phone number is 702-327-8910, that the enclosed documents evidencing our identity and right to his unclaimed dividend are true and correct copies of the originals, and that we are entitled to this unclaimed dividend.

I do hereby certify under penalty of perjury under U.S. law that the foregoing is true and correct, and that I have authority to sign for the company.

DATED_8/20/2010	SIGNED SIGNED NAME E. LYLE GREGORY
	TO WILL
•	TITLE (SOLE) MANAGING MEMBER
	COMPANY FEATHER RIVER CO., LLC.

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF AUGUST, 2010, TO CERTIFY WITNESS MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC IN AND FOR

[SEAL]

The State of NEVANA COUNTY OF CLAP K

MY Commission expires on DOCUMENT OF CLAP K

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORN	IA (SACRAMENTO)	PROOF OF CLAIM
	Case Number	
Vame of Debtor Peather River Industries, Inc.		19( ,
realist rever manismos, me.	01-23733-547-7	
		FILED
NOTE: This form should not be used to make a claim to be commencement of the case. A "request" for payment of	br an administrative expense arising after of an administrative expense may be filed	
pursuant to 11 U.S.C. 6593		2° a
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that	APR 2 3 2001
owes money or property): FRWG - Las Vegas	anyone else has filed a proof of claim relating to your claim. Attach	1 1
Name and Address where notices should be sent:	copy of statement giving particulars.	UNITED STATES BANKRUPTCY COURT
RWG - Las Vegas	Check box if you have never	EASTERN DISTRICT OF CALIFORNIA
7898 BLUE VENUS CT	received any notices from the bankruptcy court in this case.	
AS VEGAS NV 89117	Check box if the address differs	THE SPACE IS FOR COURT USE ONLY
	from the eddress on the envelope	
Pelephone Number: 702-270-3667	sent to you by the court.	
Account or other number by which creditor identifies debtor:	Check have If Direplaces	
sources or owner manager by without common themselves decorate	this cisim	y filed cisim, dated
. Bests for Claim	Retiree benefits as defined in 11 U.S.0	_ §1114(n)
Goods sold	Wages, salaries, and compensation (fi Your SS #:	II out below)
Services performed  Monsy loaned	Unpaid compensation for services per	formed
Ti Personal inimediamonaful death	from to	
Texas Other De posits Pain For Merchandise Not 2. Date debt was incurred:	(date) (date)	
A CUERT DE BOOTES PHILD POR THENESINESISE NOT	RECIVED AND LASS OF PROFIT	
2 Date debt was incurred:	3. If court judgment, date obtained:	
CN OF BEIONE 7/2005 TO CUICH FAIT	\$ 123.161.167	
ON OF BEFORE //2000 TO CUITE AT I. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also	S /25,/6/, 67 complete Item 5 or 6 below.	
ON O. BEFORE //ZOOS TO CULTURES ]  I Total Amount of Claim at Time Case Filed:  I all or part of your claim is secured or entitled to priority, also o  Check this box if claim includes interest or other charges in a	S /25,/6/, 67 complete Item 5 or 6 below.	Attach itemized statement of all
The Court of Calum at Time Case Flied:  Tall or part of your claim is secured or entitled to protectly, also o  A Check this box if claim includes interest or other charges in a  mercust or additional charges.	8_128_161_67 complete item 5 or 6 below. addition to the principal amount of the claim.	Attach itemized statement of all
ON DESCRIPE //ROOD TO CHARLES I.  J. Total Amount of Cation at Time Case Piled:  If all or part of your claim is secured or entitled to priority, also of Check this box if claim includes interest or other charges in enterest or additional charges.  Secured Claim.	\$ 125.16.1, 16.7 complete liem 5 or 6 below. addition to the principal amount of the claim.  6. Unsecured Priority Claim.	
ON DESCRIPE ////ODD TO CHUREN 1.  A Total Amount of Catinn at Time Case Filed:  If all or part of your claim is secured or entitled to priority, also of  Check this box if claim includes interest or other charges in a  Interest or additional charges.  Secured Cishm.  Check this box if your claim is secured by collateral	3 / E.S. / Le. / Le. / complete lizen 5 or 6 below. addition to the principal amount of the claim.  6 Unsecured Priority Claim.  Check this box if you have an unsecur	
ON DESCRIPE //ROOD TO CHURCE A 1.  J. Total Amount of Cation at Time Case Piled: If all or part of your claim is secured or entitled to priority, also of Check this box if claim includes interest or other charges in enterest or additional charges.  Secured Cation.  Check this box if your claim is secured by collateral including a right of setoff).  Bade Description of Collateral:	\$ 128_1(a) in 1 complete liem 5 or 6 below.  addition to the principal amount of the claim.  6 Unsecured Priority Claim.  Check this box if you have an unsecure Amount outlided to princip \$ Specify the priority of the claim:	ed priority claim
S. N. 10. 15. 10. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	\$ 125, its 1, is 7 complete liem 5 or 6 below. addition to the principal amount of the claim.    C. Unsecured Priority Claim.   Check fits box if you have an unsecure Amount entitled to priority \$ Specify the priority of the claim:   Wages, salaries, or commissions (up to	ed priority claim \$4,650),* carned within 90 days
ON DESCRIPE //ROOD TO CHURCE A 1.  J. Total Amount of Cation at Time Case Piled: If all or part of your claim is secured or entitled to priority, also of Check this box if claim includes interest or other charges in enterest or additional charges.  Secured Cation.  Check this box if your claim is secured by collateral including a right of setoff).  Bade Description of Collateral:	\$ 125.16.1. 16.7 complete liem 5 or 6 below. eddition to the principal amount of the claim.    Check this box if you have an unsecum Amount cutified to priority \$ Specify the priority of the claim:    Wages, salaries, or commissions (up to before filling of the bankruptry position	ad priority claim \$4,650),* earned within 90 days or ossession of the debtor's
S. N. 10. 185 - 19. 17. 17. 17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	\$ 125, its 1. is 7 complete liem 5 or 6 below. addition to the principal amount of the claim.    6. Unsecured Priority Claim.   Check this box if you have an unsecure Amount outlified to priority \$ Specify the priority of the claim:   Wages, salaries, or commissions (up to before filing of the bankrupty petition business, whichever is earlier -11 U.S.	\$4,650), exrmed within 90 days or cossation of the debtor's C. § 507(a)3.
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Control of Calma Time Case Flied:  I find a Memorian of Calma at Time Case Flied:  I all or part of your claim is secured or entitled to printing, also of Check this box if claim includes interest or other charges in an interest or additional charges.  Secured Calm.  Check this box if your claim is secured by collateral including a right of setoff).  Brief Description of Collateral:  Beal Rants   Motor Vehicle	\$ 125, ite1, ie7 complete liem 5 or 6 below. addition to the principal amount of the claim.    Check this box if you have an unsecure Amount entitled to priority \$.   Specify the priority of the claim:   Wages, eairtes, or commissions (up to before filing of the bankruptery petition tousiness, whichever is earlier - 11 U.S.     Countributions to a employee benefit p   Up to \$ 2,100° of deposits toward pure services for personal, fundly, or house!	\$4,650),* earned within 90 days or occasion of the debtor's C. § 507(a)(3). sian - 11 U.S.C. § 507(a)(4). thase, lesse, or rend of property or noid use - 11 U.S.C. § 507(a)(6).
Control of Calma Time Case Flied:  I find a Memorian of Calma at Time Case Flied:  I all or part of your claim is secured or entitled to printing, also of Check this box if claim includes interest or other charges in an interest or additional charges.  Secured Calm.  Check this box if your claim is secured by collateral including a right of setoff).  Brief Description of Collateral:  Beal Rants   Motor Vehicle	3 I E B. Ital. Let complete liem 5 or 6 below. addition to the principal amount of the claim.    6. Unsecured Priority Claim.     Check this box if you have an unsecure Amount entitled to priority \$   Specify the priority of the claim:   Wages, salaries, or commissions (up to before filing of the bankrupscy petition business, whichever is earlier -11 U.S.   Contributions to an employee benefit;   Up to \$2,100° of deposits toward pure services for personal, family, or house   Allinoxy, maintenance, or support owe	\$4,650),* earned within 90 days or occasion of the debtor's C. § 507(a)(3). sian - 11 U.S.C. § 507(a)(4). thase, lesse, or rend of property or noid use - 11 U.S.C. § 507(a)(6).
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001061

Feather River Wood & Glass Co. , LLC Customer QuickReport

## IRS e-file Signature Authorization for Form 1065

Employer identification number

Department of the Treasury Internal Revenue Service

Name of partnership

▶ See instructions. Do not send to the IRS. Keep for your records:

OMB No. 1545-204

Feather River Co., LLC	88-0423537
Part I Tax Return Information (Whole dollars only)	
1 Gross receipts or sales less returns and allowances (Form 1065, line 1c)	133,95
2 Gross profit (Form 1065, line 3)	2 48,89
3 Ordinary business income (loss) (Form 1065, line 22)	3 43,27
4 Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4
5 Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5
Part II Declaration and Signature Authorization of General Partner or Limited Liab Manager (Be sure to get a copy of the partnership's return)	oility Company Member
Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the a	bove partnership
and that I have examined a copy of the partnership's 2009 electronic return of partnership income and accompanying	schedules
and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the	amounts in
Part I above are the amounts shown on the copy of the partnership's electronic tax return. I consent to allow my elect	ronic return
originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to recei	ve from the
IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, and (b) the reason for any delay in	n processing
the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic income	ome tax return.
General Partner or Limited Liability Company Member Manager's PIN: check one box only	
X I authorize Swan & Gardiner, CPA's, LLC to enter on the partnership's 2009 electronically filed income tax return.	er my PIN 23537 as my signate do not enter all zeros
As a general partner or limited liability company member manager of the partnership, I will enter my PIN on the partnership's 2009 electronically filed income tax return.	as my signature
General partner or limited liability company member manager's signature ▶	
Title ▶ LLC Member Lyle E. Gregory	Date ▶
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  8801621111  do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed income tax retu	ırn for the
partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 31	112, IRS e-file
Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Provider Returns.	s for Business
ERO's signature Matthew H. Swan Date	07/27/10
ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To	
or Panerwork Reduction Act Notice, see instructions	Form 8879-PF (

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Page 001



DEAN HELLER Secretary of State 204 North Carson Street, Suite 1 Carson City, Nevada 69701-4299 (775) 684 5708 Website: secretaryofstste.blz

Amendment to MAR 3 0 2004

DE THE SECOND OF STATE OF STAT

Amendment to Articles of Organization (PURSUANT TO ARE 86.221)

important: Read attached instructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

For a Nevada Limited-Liability Company
(Pursuant to NRS 86.221)

(Full-bush) to 1475 00:227)
1. Name of limited-liability company: Frother River Wood & 6/035
2. The company is managed by (check one): managers or members
3. The articles have been amended as follows (provide articles numbers, if available):*  Himendary To Feather Kiver (O. LLC)
4. Signature (must be signed by at least one manager or by a managing member).

Signature

" 1) If amending company name, it must contain the words "Limited-Liability Company," "Limited Company," or "Limited" or the abbreviations "Ltd.," "L.L.C.," or "L.C.," "LLC" or "LC." The word "Company" may be abbreviated as "Co."

2) If adding managers, provide names and addresses.

**FILING FEE: \$175.00** 

IMPORTANT: Failure to include any of the above information and submit the proper fees may cause this filing to be rejected.

SUBMIT IN DUPLICATE

This form must be accompanied by appropriate fees. See attached fee schedule.

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#### Feather River Co.

4230 S. Decatur Blvd. Suite E Las Vegas, NV 89103 Ph. 702-270-3667 Fax 702-270-3677

April 5, 2004

IRS Attention: Entity Ogden, UT 84201

To Whom It May Concern:

We have officially changed the name of our LLC from Feather River Wood & Glass Stores, LLC to Feather River Co., LLC. (Please see Amendment to Articles of Organization filed and accepted by Nevada Secretary of State) The purpose of the change was due to a trademark infringement claim brought on by Trinity Glass International (Please see correspondence from Davis Wright Tremaine LLP) which resulted in the need to change the name of our LLC (Please see AGREEMENT). We need to transfer our Federal Tax ID Number from Feather River Wood & Glass Stores, LLC to Feather River Co., LLC. Our Federal Tax ID Number is 88-0423537.

Please send letter of confirmation.

Sincerely

Managing Partner



#### LIMITED-LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that FEATHER RIVER WOOD & GLASS STORES, LLC did on APRIL 9, 1999, file in this office the Articles of Organization for a Limited-Liability Company, that said Articles are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain the provisions required by the laws governing Limited-Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Las Vegas, Nevada, on APRIL 9, 1999.

Secretary of State

